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# **Emerging Governance**

Crafting Communities in an Improvising Society

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## CHAPTER 4

# DECENTRALIZING CHILD WELFARE IN THE NETHERLANDS: INNOVATION, TRANSFORMATION AND COLLABORATION

Willem Jan Kortleven

### 1 Introduction

This chapter investigates improvising practices related to the recent decentralization of child welfare in the Netherlands. The Youth Act, which came into force on 1 January 2015, made local governments responsible for all types of child welfare, ranging from parenting support to youth mental health care and child protection. At the same time, two other social policy decentralizations took place, giving local governments new responsibilities in the fields of labour market reintegration and long-term care and social support. The purpose of these decentralizations was similar: enabling a change of culture, a transformation towards less bureaucracy and boundaries and more integration, discretion, customization and efficiency in service delivery. Specific elements of the intended transformation of child welfare were improving (inter)professional collaboration, shifting the focus of child welfare to prevention, reducing the use of expensive specialist care and reversing the underlying tendency to 'medicalise' developmental and parenting problems (Explanatory Memorandum to the Youth Act, p. 2). Because of the assumed efficiency savings of the transformation, budget cuts were set in train from the very moment of decentralization.

Both the process of change and the content of the new culture entailed 'social improvisation' (Trommel & Boutellier, introduction to this volume). Rules and institutions were changed, new structures and practices were developed, and new connections between a variety of heterogeneous actors were established. Such a major policy transformation required creativity and inventiveness, not least in order to align all changes and innovations with existing institutions, structures and principles, to deal with resistance against the changes and with the often distinct perspectives and interests of different actors, and to secure the continuance of child welfare provision during the process of change. Policymakers at the national level as well as the local level expressly accepted that this would involve some trial and error. Furthermore, since rule-based bureaucracy has given way to customization and discretion, improvisation has become more important in the day-to-day activities of local governments and professionals.

The following sections provide analyses of various examples of improvising practices related to the decentralization of child welfare, without being exhaustive. The analyses are organized around three questions:

- 1) To what extent do improvising practices strike a productive balance between uncertainty acceptance and uncertainty reduction?
- 2) To what extent do improvising practices succeed in aligning different perspectives and interests within collaborations between heterogeneous actors (cf. Boutellier 2013; Sennett 2012)?
- 3) To what extent do improvising practices produce or reduce tension with existing institutions, structures and principles?

The chapter is based on semi-structured interviews and document analysis. Part of the interviews was held with representatives of four municipalities and the Dutch Association of Municipalities (VNG). The municipalities involved were Amsterdam (around 850,000 inhabitants, largest city of the Netherlands), Utrecht (nearly 350,000 inhabitants, fourth largest city), Barneveld (over 55,000 inhabitants) and Krimpen aan den IJssel (29,000 inhabitants; neighbouring to and collaborating with the second largest city, Rotterdam). This selection was based principally on the grounds of scale

difference, geographical distribution (each is located in a different province), and, as regards the cities of Amsterdam and Utrecht, their reputation as pioneers of the new approach to child welfare. The initial aim to investigate two more municipalities was abandoned because the municipal cabinet's relevant portfolio holders were not willing to participate in an interview, and because of time constraints. Interviews were held with the portfolio holders for child welfare of Utrecht, Krimpen and Barneveld, the programme manager responsible for the decentralization of child welfare in Amsterdam and with a policy officer of the association of municipalities. In the interview with the Utrecht portfolio holder, a policy officer also participated. These interviews were carried out by the author in July–September 2013, during the preparation of the transformation.

The other part of the interviews involved 21 professionals working in the cities of Amsterdam and Utrecht. Six of them were members of interprofessional teams in Utrecht; eleven were members of interprofessional teams in Amsterdam. Four professionals worked at a child protection organization in Amsterdam that is a remnant of the former Youth Care Agency, a key organization in child welfare and protection before the decentralization (cf. Kuijvenhoven & Kortleven 2010). These professionals get involved with families when children's safety is at stake and are responsible for carrying out child protection orders. As such, they had regular contact with the interprofessional teams, and one of them formally represented the child protection organization in an interprofessional team. All professionals were interviewed in May–July 2016, one and a half year after the decentralization, by Shelita Lala and Youssra Lotfi as part of their master's thesis research, which was supervised by the author.

The document analysis focused on successive (draft) versions of the Youth Act constituting the decentralization, parliamentary documents, central-level policy documents and local policy plans from the four selected municipalities. In addition, a non-exhaustive analysis of news and opinion articles in one major quality newspaper (*NRC Handelsblad*) was carried out, in order to get an impression of the societal debate around the decentralization.

Part of the underlying research has also been reported on in a paper submitted to the *Journal of Interprofessional Care*. Several paragraphs

from that paper have been reused with minor changes in the fourth section of this chapter. All quotations have been translated from Dutch to English by the author.

## **2 Improvising to address a complex decentralization task**

During the legislative and policy process leading up to the decentralization of child welfare, improvisation was resorted to as a way of executing a quite complex and delicate operation. In a rather short period of time, foundations for the intended transformation of the sector had to be laid, responsibilities dispersed amongst three different government levels and budgets from a variety of sources had to be integrated and preparations at the local level be made, alignment with the two other social policy decentralizations had to be ensured, and interests of care providers and professionals had to be taken care of, while care provision to lots of families and children had to continue unhampered. The approach adopted to deal with this complexity comprised at least three important improvising elements: the decision to proceed step by step, the establishment of various 'transition commissions', and the close cooperation between the central government and the umbrella organization of municipalities.

### *2.1 Proceeding step by step*

The central government decided to elaborate important elements of the decentralization process step by step, rather than planning every detail in advance. The aim of this approach was to enable learning from experience gained earlier in the process. As the deputy minister of Health, Welfare and Sport, Mr. Van Rijn, put it during the parliamentary discussion on the Youth Act:

One could think about all kinds of things in advance to make sure whether all signals are green for the next step. Yet sometimes one has to take steps in order to learn how to do it. Like Aristotle said: Anything that we have to learn to do we learn by the actual doing of it (Proceedings of the House of Representatives, 2013-2014, session no. 12, p. 47).

This did not require a mere leap in the dark. A time frame was adopted determining which step should be taken when, and there were still other measures for managing and gradually reducing various uncertainties, such as the obligation for regional communities of local governments to make so-called transition arrangements with care providers on continuity of care provision.

Yet, the step-by-step approach was principally open-ended, and the House of Representatives was in fact asked to approve the Youth Act while there were still important uncertainties left. For instance, questions on the alignment of the different social policy decentralizations were not yet answered, the budgets to be allocated to the municipalities were not exactly known and part of the transition arrangements were not yet known.

### *2.2 Transition commissions*

In order to monitor the progress of transition arrangements and other preparations, an independent body, the Transition Commission System Reform Youth (TSJ), was established. The TSJ operated from September 2012 until the actual decentralization date, 1 January 2015, and regularly issued reports, which alongside positive conclusions contained warnings that local governments were running behind schedule, continuity of care provision was not yet guaranteed and so on. Though these warnings had the obvious function to urge all involved to complete their preparations in due time and thus to reduce uncertainty to an acceptable degree, the TSJ's reports led to concern within and without parliament and were even cited by critics as proof that child welfare was heading for disaster.

Around the decentralization date, two other commissions became active, with a different mission and message. The Transition Authority Youth (TAJ), successor to the TSJ, emphasized in its first annual report (1 April 2015) that there were no signals of 'children falling between two stools'. And just before the transition, on 19 December 2014, the Transition Commission Social Domain (TSD), supervising all social policy decentralizations, claimed that local governments had taken all necessary measures to safeguard continuity of care



provision. Its chair, Mr. Noten, said his most important duty was to 'contain anxiety and uncertainty':

I have to travel around the country like Saint Nicholas and say:  
it's going all right (NRC *Handelsblad* 19 December 2014).

One could conclude that the TSJ aimed at reducing objective uncertainty by advancing timely preparations, whereas the TAJ and the TSD aimed at reducing subjective uncertainty by reassuring a more general public once the time of preparation was over. Entrusting apolitical, temporary bodies with such important and influential roles in advancing the decentralization process must be considered a political innovation. In a way, it seems rooted in a firm Dutch tradition of establishing temporary commissions for the purpose of dealing with complex and/or sensitive problems and events in a depoliticized manner (Schulz 2010). But applying this solution to the preparation and implementation of a major system change in a sensitive policy field has no precedent.

### 2.3 *Cooperation between central government and association of municipalities*

Both the Youth Act and several policy issues related to the decentralization were prepared by the central government in close cooperation with the Association of Dutch Municipalities (VNG). The VNG was given the opportunity to exercise significant influence on draft versions of the Youth Act even before parliament could have a say. VNG and central government worked also together within the so-called 'Transition Bureau' that aimed to prepare local governments for their new duties. According to the interviewed policy officer of the VNG, the Ministry of Health, Welfare and Sport sometimes tried to exploit this cooperation by drawing policy issues still under discussion into the more technical sphere of the Transition Bureau:

When a critical question is raised somewhere in the country, they can say: 'but the VNG is also part of the Transition Bureau, so look at your own association, not at us'. So we always need to be a little vigilant on that.

From the perspective of the central government, granting the VNG considerable influence on legislation and policy meant yielding part of their control in exchange for co-responsibility of the VNG and increased acceptance amongst local governments. Such early stakeholder involvement in the legislative process is not unique in the Netherlands (Ramlal 2011), nor was this the first example of policy cooperation between the central government and the association of municipalities. However, the scale and impact of this cooperation made it stand out.

### 2.4 *Improvisation vs representative democratic decision-making*

Improvisation during the preparation of the decentralization seems to have had certain advantages. Proceeding step by step reduced complexity by removing the need to oversee every aspect of the decentralization at once. Transition commissions informed central-level decision-making and the public with depoliticized and authoritative reports on the progress of preparations at the local level. Cooperation between the central government and the association of municipalities allowed the perspective of local governments to be incorporated into the legal and policy framework within which they have to work. Overall, this approach received sufficient support in parliament.

Nonetheless, the examples of improvisation discussed appear to be partly at odds with principles and procedures of representative democratic decision-making. Several political parties expressed concern or indignation at the consequence of the step-by-step approach that the House of Representatives had to decide on the Youth Act before all relevant information was available. The deputy minister of Health, Welfare and Sport responded there would be ample time between the approval of the Youth Act and the decentralization date to clarify remaining uncertainties. It would be tempting, but also a bit too easy to analyse this dispute in terms of Sennett's (2009, p. 26) opposition between 'bureaucrats (...) unwilling to make a move until all the goals, procedures, and desired results for a policy have been mapped in advance' and the 'experimental rhythm of problem solving and problem finding' of 'craftsmen'. According to the logic of representative democratic decision-making, parliament had a legitimate expectation to receive all relevant information

before approving legislation. In the context of political and societal concern about announced budget cuts and continuity of care provision, the exact allocation of municipal budgets and the content of transition arrangements was more than a merely technical matter; it could be considered part of the information necessary for proper decision-making.

In addition, the privileged position of the association of municipalities, allowing it to co-determine legislation and policy even prior to the parliamentary process, could be considered dubious in terms of democratic accountability (cf. Ramlal 2011). Together with the step-by-step approach and the prominent role of transition commissions, this seems to have partly hollowed out the position of parliament as a co-legislator.

### **3 Improving to reconcile municipal control with professionalism**

The basic motive driving the decentralization process was the idea that granting local governments financial and policy responsibility for all types of child welfare would provide a necessary incentive to shift the focus of child welfare to prevention, advance a more integrated approach and reverse the (expensive) tendency to 'medicalise' developmental and parenting problems. As a consequence of this reasoning, the central government decided to include youth mental health care in the decentralization, meaning that it would no longer be financed via the health insurance system but instead by the local governments. The association of municipalities, in turn, demanded that the financial responsibility of local governments be complemented with some instrument to influence physicians' referrals to youth mental health care and other specialist care, in order to be able to control its costs. This led to the insertion of a clause into the Youth Act authorizing local governments to make agreements with general practitioners (GPs) and other physicians about the conditions under which and the manner in which they make referrals. However, the aim to give local governments some control over the costs of child welfare appeared to be at odds with established interests and ideas about professional autonomy and identity.

#### **3.1 Resistance against 'deprofessionalizing' youth mental health services**

In an attempt to influence the parliamentary discussion of the Youth Act, youth mental health care representatives started a campaign against bringing youth mental health care under the municipal regime, arguing that it is part of the wider health care field rather than part of the child welfare system. They claimed that removing boundaries between youth mental health care and child welfare would establish new (and allegedly more problematic) boundaries. Not only would youth mental health services be isolated from the rest of (mental) health care, this would also entail a principally wrong distinction between children with mental health problems and children with 'physical' health problems. Care for the latter category is being financed via health insurance, care for the former category would be financed by the municipality, which would have limited resources and was suspected by mental health care advocates (not without reason) to encourage undue restraint in referring children to mental health care. This could damage children.

Part of the resistance of youth mental health care professionals must be understood as an expression of their treasured self-image of being part of the medical profession, which has a higher status than welfare professions. It also reflected aversion of municipal meddling in professional matters, and fear of the (financial) consequences of the municipal regime. As the interviewed municipal cabinet's portfolio holder from Utrecht put it:

It's just about *pecunia*, about making a living, and the interests of mental health organizations.

But of course the claim that decentralizing youth mental health care could damage children was most persuasive and became the focus of the campaign. Several opposition parties proved sensitive to the arguments of the mental health care lobby. An amendment to exclude youth mental health services from the decentralization received insufficient support, but the House of Representatives voted in favour of two motions saying that youth mental health care should receive explicit attention in every transition arrangement and, later on, in the evaluation of the Youth Act.



### 3.2 Controlling referrals to specialist care

Concerns about the clause authorizing local governments to make agreements with physicians on making referrals to specialist care were even more widely shared. Politicians from opposition as well as coalition parties feared that the provision would act as a licence for local governments to interfere with the discretion of physicians. Therefore, the House added a phrase saying that professional medical standards should not be affected.

This clearly shows the influence of 'pure' images of medical professionalism, taking for granted that physicians should be protected from external intrusions in order to be able to autonomously treat complex cases (Noordegraaf 2015). By contrast, there was much less parliamentary concern about municipal determination of the discretionary scope of (lower status) professionals in newly established interprofessional child welfare teams. Here, 'managed professionalism' and incomplete autonomy (Noordegraaf 2015) appear to be the norm, with professionals being accustomed to working in contexts marked by collaboration and organizational constraints.

The amended provision on referrals to specialist care left local governments with uncertainty about what room for manoeuvre they actually have. How exactly could local governments try to use agreements with physicians to limit referrals to specialist care, without intruding too much on professional autonomy? GPs, for instance, have a strongly independent position and it could be questioned whether this clause actually changed this. It provided local governments with no formal means of coercion and in fact only legitimized the use of soft power to persuade GPs into cooperation (which would probably have been possible even without the clause). It gave no clue on how that could be done and what could be done when GPs are not willing to cooperate. So this situation, 'one of the most complicated issues' according to the Utrecht portfolio holder, demanded improvisation.

The interviews with local portfolio holders for child welfare provided some insight into their attempts to obtain the cooperation of GPs. What they had in common is that they used conversations with GPs to try to promote a sense of shared responsibility for (the transformation of) child welfare and to encourage them to cooperate with

the local government and local interprofessional teams. According to the interviewed Utrecht portfolio holder and policy officer, this was about building trust rather than making formal agreements. However, the precise attitudes of portfolio holders towards GPs differed. Whereas the Utrecht portfolio holder explicitly acknowledged that GPs have their own medical authority which local governments are not allowed to intrude on, the Krimpen portfolio holder appeared to have less restraint, actively making suggestions regarding the treatment of children diagnosed with attention-deficit/hyperactivity disorder:

I said: there is also medical research showing that meditation works, but on the basis of our logical positivism or our enlightenment thinking of evidence-based, we do not yet understand how it works. (...) Well, the nice thing was, when I talked that way, the GP said: oh, I often make an intuitive assessment of what the patient needs, and that's actually not evidence-based either. So I felt that was a nice space emerging in the conversation. And I try to have an open conversation; I have a certain vision, I also want to be open to their views; but not from entrenched positions.

Concerning the problem of GPs not willing to cooperate, the Barneveld portfolio holder, who noticed that not all GPs accepted his invitation for a meeting, suggested that a legal obligation for physicians to enter into consultations with the local government and an option to claim compensation for the time spent on these consultations could help. The Utrecht portfolio holder considered remedies that are not dependent on legal change, such as keeping record of GPs' referrals and addressing GPs responsible for many referrals. As a last resort, he said, the budget for specialist care might be restricted.

The conclusion that can be drawn from these findings is that the transformation of child welfare seems not possible without partly restricting the discretionary scope of physicians. Local governments have been trying to attain this by promoting voluntary commitment to the cause of the transformation and professional self-restraint amongst GPs, but appeared prepared to exert pressure on the unwilling. Strictly speaking, GPs could resist this pressure, but that might

be not so easy in practice. And when local governments should actually decide to restrict the budget for specialist care, GPs' referral right would be affected anyhow. At the same time, pressurizing or constraining GPs might jeopardize the very development of mutual trust that local governments aimed to promote.

#### **4 Improving to overcome barriers to interprofessional collaboration**

One of the most important challenges for local governments in decentralized child welfare was to improve collaboration between professionals with different professional, disciplinary and organizational backgrounds. Poor interprofessional and interorganizational coordination, recurrently documented in reviews of child death cases (Kuijvenhoven & Kortleven 2010), was one of the reasons for the transformation of child welfare. Tackling this problem is key to attaining the Youth Act's aim of an integral approach of children's and families' problems. This must not be considered an easy task, given the vast literature reporting on how professional and organizational structures, cultures and interests, status differences and different 'languages' act as barriers to interprofessional and multidisciplinary collaboration (e.g. Caldwell & Atwal 2003; Rowland 2017; Widmark et al. 2016; Willumsen 2008).

##### *4.1 Interprofessional teams and the development of generalist working*

In seeking for ways to overcome or remove such barriers, most, if not all, local governments have come up with some form of interprofessional and multidisciplinary teams, which are made responsible for initial assessment of children's and families' needs and coordination of care provision. Big cities like Amsterdam and Utrecht employ several teams, based in various neighbourhoods; not-so-large municipalities like Barneveld and Krimpen have one or a few teams. Making professionals work closely together on a day-to-day basis was expected to encourage trust and mutual understanding and to render professional and organizational loyalties less decisive. This assumption corresponds with Hudson's (2002, p. 16) 'optimistic hypotheses' on interprofessionality, particularly his third hypothesis: '[S]ocialisation to an immediate

work group can override professional or hierarchical differences amongst staff.'

Local interprofessional teams consist mainly or exclusively of so-called generalist professionals. The generalist role, whose development is considered critical to the transformation of child welfare, is carried out by professionals with different professional and disciplinary backgrounds who have also gained (or are still gaining) basic knowledge of other professions and disciplines. Such broad expertise should enable them to make an integral assessment of needs, provide basic support and continue to coordinate care provision thereafter.

Municipalities have adopted distinct approaches to team organization and composition, scope of tasks and modes of operation. Some approaches turned out to be more adequate than others in tackling professional and organizational barriers to collaboration. This will be shown in the next subsections by means of a comparison between the cities of Amsterdam and Utrecht.

##### *4.2 Different approaches to team organization*

The most crucial difference between Amsterdam and Utrecht is the way teams are staffed. The teams in Utrecht have been embedded in a single organization, which recruits and employs the team members, in order to prevent professionals from experiencing divided loyalty between their team and a mother organization. Teams in Amsterdam are staffed according to a more traditional delegation model, in which team members remain formally employed by their mother organizations. According to the interviewed transition manager, within a couple of years mother organizations might become sidelined in Amsterdam as well.

A second difference is that teams in Utrecht comprise only generalists, whereas in Amsterdam specialists (such as a child psychologist) and representatives of specific agencies (e.g. child health care and a child protection agency) are also part of the teams.

Third, teams in Amsterdam are embedded in a two-tier system, with first-tier teams responsible for initial assessment and basic support, and second-tier teams dealing with complex, multi-problem cases. First-tier teams are exclusively focused on child welfare; second-tier teams provide also other forms of social care. Utrecht has a

single-tier system with one team in each neighbourhood, which is divided into two sub-teams: one focusing on families with children and the other focusing on all other clients.

#### 4.3 *Team dynamics and (divided) loyalty*

The interviews with generalist team members from Amsterdam and Utrecht indicate that the Utrecht model of team organization has been more successful than the Amsterdam model in encouraging interprofessional collaboration. Whereas in Utrecht five of the six interviewed generalist professionals indicated feeling safe and being rather happy with interprofessional relations within their team, respondents from Amsterdam judged more often negatively about team dynamics (four out of ten generalists), and those judging generally positive were less unequivocal than in Utrecht. Amsterdam respondents who said team collaboration was fine often added this was despite some adverse circumstance like high staff turnover, or that things were worse in the near history, or in other teams. In explaining these differences, two factors seem especially relevant.

First, a single team organization recruiting and employing team members, the Utrecht model, apparently provides stronger incentives and safeguards for teamworking than the Amsterdam model, with team members delegated by different organizations. The Utrecht model enabled a careful process of selection and team composition, increasing the likelihood of capable and motivated team members as well as adequate collaboration. The following quote from an interview with an Utrecht team member is illustrative of this:

It's just really nice to be together with so many people with so much knowledge and expertise. I think the quality of the work has really improved, since we obviously have been through a really rigorous selection round: in January 2015 there were 700 people who applied for I think 46 jobs. (...) So they just have been able to sort of sift people, to make a quality improvement, like 'OK, what people do we want?'

Due to the involvement of different organizations, the selection process in Amsterdam has been fragmented and less careful. As a consequence, team composition and dynamics have been largely left

to chance and professionals have been allowed to become team members without thorough consideration or even with some reluctance, as the decision to delegate them to a team has not always been purely their own. Together with the possibility of returning to one's mother organization, this seems to explain part of the high staff turnover that stands out as an issue in the interviews with Amsterdam team members.

The delegation model also complicates identification with a team. Whereas in Utrecht team spirit turned out to be generally well developed and differences in background and perspective were predominantly seen as complementary, many respondents in Amsterdam defined themselves and others as representatives of an organization and profession rather than close colleagues in the same team, and perceived different perspectives more often as conflicting:

I think we from [mother organization X] really focus on strengths and I think some other organizations really focus on weaknesses (team member second-tier Amsterdam).

Typically, one's own mother organization (some professionals even continued to work there part-time) was contrasted positively with other organizations, and was valued by various respondents as a place where one may temporally retreat from interprofessional team dynamics. Nonetheless, some Amsterdam respondents felt primarily identified with their team, showing that a continued connection with a mother organization, if plainly formal, need not be an obstacle:

I feel to be a calling card of my mother organization. I have that bit of loyalty, but the link is weakening, because actually I am never there. (...) Actually I feel just 'OKT-er' (team member first-tier Amsterdam).

#### 4.4 *Balancing freedom and structure*

Second, the quality of interprofessional collaboration is related to the balance between freedom and structure in the organization of the teams. Both in Amsterdam and Utrecht the process of developing interprofessional teams was characterized by a similar learning-by-doing approach as apparent during the central-level preparation of

the decentralization. The interviewed policymakers said to give themselves as well as professionals space and time to experiment, both before and after the decentralization date. This is illustrated by the following quotes:

The current ambition is that on 1 January 2015 there are teams in 22 neighbourhoods, and then we are still a long way from detailing and elaborating everything, but then the process emerges of the neighbourhood teams going to discover these things together; so that's a very conscious choice (programme manager transition child welfare Amsterdam).

The development of the whole working process, and that way of working especially, I mean working together, finding out about each other's boundaries, not minding that you will be contradicted some time, that differences of opinion will arise, how to deal with them... that way of working still has to be developed entirely bottom-up (portfolio holder child welfare Utrecht).

The interviews with professionals revealed that in Amsterdam the challenge to 'discover' how to function as a team of generalist professionals entailed too much uncertainty. An important promise of the transformation of child welfare was to free professionals from excessive proceduralism and protocolization, but apparently excessive freedom is also a problem to be reckoned with. Several respondents from Amsterdam said a lack of guidelines, especially in the beginning, made them feel quite insecure about how to deal with team collaboration and generalist working. This uncertainty must be considered another cause of the high staff turnover. Its impact is illustrated by the following quote:

It wasn't properly explained. I think that has raised many obstacles. (...) At some point a lot of things changed, guidelines were put in place, and then I also began to enjoy the work (team member second-tier Amsterdam).

In Utrecht, professional freedom has been structured more strongly right from the beginning, reducing uncertainty associated with

interprofessionalism to a manageable level. Illustrative is the practice of working in pairs. Cases are allocated to varying pairs of generalists, depending on which expertise is required. This practice appears to be a crucial mechanism for interprofessional integration and the development of the generalist approach. It facilitates approaching cases from more than one professional perspective and enables interprofessional learning:

With this sort of cases I am often approached to come along, we always work in pairs, in teams, so there is my piece of knowledge. On the other hand it is also our mission within the neighbourhood team to increasingly leave that behind and to ensure that your knowledge is being shared and that it is transferred to the other colleagues as well (team member Utrecht).

Working in pairs is sometimes also practised in the Amsterdam teams, but not in a consistent way. Respondents referred to it either as an option or as a rule which was often deviated from under time pressure. Those regularly working in pairs seemed to have freedom to work often or always with the same preferred colleague(s). Thus chances of interprofessional integration have been missed, leading some Amsterdam respondents to doubt the possibility of becoming a real generalist. They felt one should expect a generalist approach only from the team as a collective, with team members invoking each other's expertise rather than learning from each other.

*4.5 A new way of removing old barriers to interprofessional collaboration*  
The Utrecht model of team organization, which in a rather innovative and radical way removed organizational interests and loyalties as barriers to interprofessional collaboration and attained a productive balance between uncertainty acceptance and uncertainty reduction, can be considered a successful example of social improvisation. Yet, there could be a trade-off, as interprofessional teams still have to collaborate with other organizations and professionals, like care providers, child protection agencies and physicians. Such interorganizational boundary-spanning might suffer from the fact that teams in Utrecht, unlike in Amsterdam, do not comprise representatives of relevant partner



organizations. That could be reason to hesitate copying the Utrecht model, and first explore the possibilities for improvement within a delegation model. This study indicates that such possibilities lie for instance in a consistent practice of working in (varying) pairs.

## 5 Conclusion

### 5.1 *Dealing with uncertainty*

An appraisal of improvising practices related to the decentralization of child welfare must produce a mixed picture. The way uncertainty was dealt with during the central-level preparation of the decentralization seems fairly balanced in many respects. Despite pressure to avoid every risk, central actors like the national government, the majority of parliament and the association of municipalities were willing to accept the uncertainty inherent in any major change and this one in particular, with its focus on removing bureaucratic constraints. At the same time, several safeguards were put in place to reduce uncertainty to manageable levels.

However, the balance was disrupted by at least two elements. First, it is odd that uncertainty on more than merely technical matters like the transition arrangements and the exact municipal budgets still existed at the time of parliamentary discussion and approval of the Youth Act. This conflicted with representative democratic principles and impaired well-informed decision-making.

Second, and perhaps most importantly, cutting budgets in anticipation of efficiency savings to be produced by a transformation that has only just begun caused significant uncertainty and insecurity and might seriously harm the aims of the decentralization, as recent media reports suggest.

The development of new child welfare structures at the local level, with interprofessional teams at the core, followed a similar learning-by-doing approach as apparent at the central level. The uncertainty thus produced was made sufficiently manageable for interprofessional team members in Utrecht, but (initially) not in Amsterdam. This has contributed to the adverse dynamics of professionals feeling insecure and the high staff turnover.

### 5.2 *Aligning differences in heterogeneous collaborations*

The collaboration between the central government and the association of municipalities in the first stage was not without tension, but allowed different interests to be satisfied. It proved fruitful in the sense that it resulted in a legal and policy framework for probably the most complex and delicate decentralization in Dutch history, with sufficient support in parliament and, apparently, amongst local governments.

At the local level, attempts to persuade GPs into cooperation with the local government and interprofessional teams were certainly creative, but did not guarantee success and might even have counter-productive consequences. Collaboration within interprofessional teams was found to depend largely on the team design chosen in a specific municipality, with rather positive reports from professionals in Utrecht and less positive reports from their counterparts in Amsterdam.

### 5.3 *Tension with existing institutions, structures and principles*

Throughout this chapter, the improvising practices that were analysed have been seen to be at odds with existing institutions, structures and/or principles in roughly two ways. First, there has been a tension with representative democratic principles and institutions. The consequences of the step-by-step approach for democratic decision-making were touched on above. This tension was not really solved, but had no immediate consequences because a majority of parliament swallowed the encroachment on their right to information and approved the Youth Act despite remaining uncertainties. More generally, the combined application of different measures contributing to a relatively smooth decentralization process seems to have partly hollowed out the position of parliament as a co-legislator.

Second, part of the attempts to transform child welfare into the intended direction has turned out to be not easily compatible with established professional institutions, structures and principles. Bringing youth mental health care under the financial responsibility of local governments provoked strong resistance which still exists, and a legal provision meant to give local governments some influence over physicians' referrals to specialist care was amended by the

House of Representatives to make it even more half-hearted than it already was. In practice, municipal influence on referrals to specialist care and preserving professional autonomy of physicians appear mutually exclusive.

Professionalism was also an important obstacle to making local interprofessional teams work, since different kinds of professionals have their own principles, practices and cultures and do not spontaneously go together. Yet, the research into the teams in Amsterdam and in Utrecht confirmed that 'socialisation to an immediate work group can override professional (...) differences amongst staff' (Hudson 2002, p. 16). The findings suggest that the chances of such socialization, and thus the quality of interprofessional collaboration, may be significantly increased by embedding interprofessional teams in a single organization while sidelining existing organizations. Such a radical way of eliminating interorganizational barriers to interprofessional collaboration, was shown in Utrecht to support a high level of interpersonal integration (cf. Willumsen 2008), with professionals having positive perceptions of each other (cf. Widmark et al. 2016), being able to align different perspectives (cf. Rowland 2017), experiencing team psychological safety (cf. O'Leary 2016) and feeling identified with their team.

## CHAPTER 5

### CITIZEN PARTICIPATION IN LOCAL SECURITY POLICIES

Marco van der Land & Bas van Stokkom

#### 1 Introduction

Over the past three decades, Dutch citizens have come to play an increasingly active role in the sphere of social security and quality of life. Citizen participation focused on this area has developed rapidly. Whereas about twenty years ago participation mainly confined itself to formal consultation and lobbying, today there is much more room for co-production and co-creation of local policies, in which citizens are able to take decisions themselves.

Citizens, retailers and other parties in the Netherlands are increasingly held co-responsible for a safe environment. Great importance is attached to active, responsible citizens who engage in a constructive manner and in collaboration with government and professional parties. This 'responsibilisation' (Crawford 1998; Terpstra 2010) is also expected from other parties such as schools, health organizations and housing associations: security is no longer just a matter for the police. When it comes to quality of life issues and assistance to neighbours, the government is performing more and more a facilitating role. Citizens are expected to implement various quality of life projects (such as the maintenance of playgrounds and parks) themselves. In the Netherlands, this is often summed up under the heading of a do-it-yourself-democracy (Van de Wijdeven 2012).



the community that matters, and the level on which social solidarity can and must be organized. But do we still know? The political ideologies that could guide us are in crisis, and so are crucial conditions for social bonding like trust and reciprocity. Similar observations apply to democracy and effectiveness. Institutional accountability procedures have become unstable and contested, while science is no longer the beacon where we can sail on when trying to make policies effective. In short, in order to gain legitimacy as a mode of governance, the practice of social improvisation must not only come up with unorthodox problem approaches, it must simultaneously produce convincing accounts for the 'rightness' of these approaches.

This volume stressed that it takes crafting communities to accomplish such a highly complex task. Crafting communities unite actors from different (political, institutional, professional, civil) backgrounds and spheres. They can establish themselves on a local level, but also on a transnational level. They are platforms on which the principles of 'public craftsmanship' can be exercised and improved, and they can act as vehicles that explore and bring us further into the unknown world of global/local social axes. As such, they reveal a glimpse of what social-political governance may look like in the next decades. A farewell to the hegemony of global neo-liberalism, however without the melancholic and populist longing back towards the early modern tunes of relatively closed nation states.

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